Plaintiff Jackie Fisher's

Response in Opposition to Defendants'

Motion for Summary Judgment

EXHIBIT 61

Board of Nurse Examiners for the State of Texas Box 430 Austin, Texas 78767-0430 (512) 305-6838

VERIFICATION OF COURSE COMPLETION

Regarding: _	(Name of Registered Nurse)	License Number: _	595689
This i	is to certify that the above identified Reg	istered Nurse has success	fully
completed th	ne course entitled Physical	(Name of Course)	Industric on
3-23.	e course entitled Physical	3/25/57 + 3/	64/07 - total 24
Signature:	Yest Checks W Instructor Profes	cional Healthcare	
Name of Spo	ensoring Institution: Education	ition Service	
Telephone N	umber: 21-315.743	<u> </u>	
Should you h address or ph	ave any questions, please do not hesitate one number.	e to contact the Board's o	ffice at the above
Return to:	Monitoring Board of Nurse Examiners P.O. Box 430 Austin, Texas 78767-0430		